

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer

Mary Ann Rouse

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		153922.58
(b) Cash on Hand at Beginning of Reporting Period.....	189874.43	
(c) Total Receipts (from Line 19)	43746.86	81212.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	233621.29	235134.76
7. Total Disbursements (from Line 31)	37.16	1550.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	233584.13	233584.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40743.55	67722.81
(ii) Unitemized	2921.21	10824.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	43664.76	78546.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	43664.76	78546.92
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	37.16	50.63
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	44.94	114.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43746.86	81212.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43746.86	81212.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	37.16	50.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	37.16	50.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37.16	1550.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37.16	1550.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43664.76	78546.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43664.76	78546.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	37.16	50.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	37.16	50.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Peter Acker

Mailing Address 816 East Park Drive

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : SA11AI.8846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John W. Baker

Mailing Address 16224 Leeward Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Administrator

Receipt For: 2011

☐
☐

Primary

☒

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8705

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

c. John W. Baker

Mailing Address 16224 Leeward Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Administrator

Receipt For: 2011

☐
☐

Primary

☒

General

Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8644

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

291.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. John W. Baker

Mailing Address 16224 Leeward Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8768

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8459

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11AI.8521

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

354.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8582

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8706

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8769

Amount of Each Receipt this Period

166.63

Payroll Deduction \$166.63 monthly

Full Name (Last, First, Middle Initial)

B. Judy L Booth

Mailing Address 11448 Terrill Ridge Dr

City State Zip Code
 Davidson NC 28036

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8696

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

c. Judy L Booth

Mailing Address 11448 Terrill Ridge Dr

City State Zip Code
 Davidson NC 28036

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8635

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Judy L Booth

Mailing Address 11448 Terrill Ridge Dr

City State Zip Code
Davidson NC 28036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8715

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8654

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.24

Date of Receipt

11 / 15 / 2011

Transaction ID : SA11AI.8822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8778

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
Mount Holly NC 28120

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8462

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8524

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8585

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8709

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8648

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8772

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

C. Dr. Vincent P Casingal

Mailing Address 7112 Graybeard Court

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8735

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Vincent P Casingal

Mailing Address 7112 Graybeard Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8674

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Vincent P Casingal

Mailing Address 7112 Graybeard Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
PHYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8798

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

C. Peter M Cassidy

Mailing Address 9905 Grassy Crops Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8748

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

62.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Peter M Cassidy

Mailing Address 9905 Grassy Crops Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinass HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8687

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Peter M Cassidy

Mailing Address 9905 Grassy Crops Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinass HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8811

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Jack F Chamblee

Mailing Address PO Box 550934

City State Zip Code
Gastonia NC 28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8505

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

83.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.8566

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.8627

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8751

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

125.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : SA11AI.8690

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SA11AI.8814

Amount of Each Receipt this Period

41.63

Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : SA11AI.8467

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

124.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8529

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8590

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8714

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8653

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period

41.63

Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial)

C. David L Dunlap

Mailing Address 54 Picard Way

City State Zip Code
Charleston SC 29412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8841

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. David Ellerbe

Mailing Address 2331 Coley View Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8713

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. David Ellerbe

Mailing Address 2331 Coley View Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8652

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. David Ellerbe

Mailing Address 2331 Coley View Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8776

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

62.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Joseph M Ernest MD

Mailing Address 1814 Dilworth Road West

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : SA11AI.8857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : SA11AI.8485

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.8547

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8608

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8732

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8671

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City	State	Zip Code
Charlotte	NC	28270

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11AI.8795

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City	State	Zip Code
Charlotte	NC	28203

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2011

Transaction ID : SA11AI.8453

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City	State	Zip Code
Charlotte	NC	28203

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2011

Transaction ID : SA11AI.8515

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

933.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 103

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8576

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8700

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 103

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8763

Amount of Each Receipt this Period

416.63

Payroll Deduction \$416.63 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8494

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8555

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

916.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
 Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.8616

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
 Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2011

Transaction ID : SA11AI.8740

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
 Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 01 2011

Transaction ID : SA11AI.8679

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
 Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 01 2011

Transaction ID : SA11AI.8803

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 01 2011

Transaction ID : SA11AI.8475

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 01 2011

Transaction ID : SA11AI.8537

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.8598

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SA11AI.8722

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2011

Transaction ID : SA11AI.8661

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SA11AI.8785

Amount of Each Receipt this Period

416.63

Payroll Deduction \$416.63 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8728

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : SA11AI.8667

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

458.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 103

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Kathleen Grew

Mailing Address 8603 Excalibur Way

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

VP

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8742

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Kathleen Grew

Mailing Address 8603 Excalibur Way

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

VP

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 103

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Grew

Mailing Address 8603 Excalibur Way

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8492

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8553

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 103

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8614

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8738

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City State Zip Code
 Denver NC 28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8801

Amount of Each Receipt this Period

41.63

Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Frank Harrison

Mailing Address 3741 Hearthstone Court

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2011

Transaction ID : SA11AI.8830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8452

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.97

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
Whiteville NC 28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8514

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
Whiteville NC 28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8575

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

c. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
Whiteville NC 28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8699

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8638

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8762

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

Full Name (Last, First, Middle Initial)

C. Sara J Herron

Mailing Address 9422 Briarwick Lane

City State Zip Code
 Charlotte NC 28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8745

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

187.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Sara J Herron

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8684

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Sara J Herron

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8808

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

C. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1750.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8490

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09 monthly

SUBTOTAL of Receipts This Page (optional).....▶

291.69

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

2000.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.8551

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09 monthly

Full Name (Last, First, Middle Initial)

B. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

2250.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.8612

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09 monthly

Full Name (Last, First, Middle Initial)

C. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

2500.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8736

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

750.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2750.99

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8675

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09 monthly

Full Name (Last, First, Middle Initial)

B. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3001.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8799

Amount of Each Receipt this Period

250.01

Payroll Deduction \$250.01 monthly

Full Name (Last, First, Middle Initial)

C. William Hubbard

Mailing Address 3114 Quiet Cove

City

Tega Cay

State

SC

Zip Code

29708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8718

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

520.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. William Hubbard</p> <p>Mailing Address 3114 Quiet Cove</p> <p>City State Zip Code Tega Cay SC 29708</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System Administrator</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.24</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011</p> <p>Transaction ID : SA11AI.8657</p> <p>Amount of Each Receipt this Period 20.84</p> <p>Payroll Deduction \$20.84 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. William Hubbard</p> <p>Mailing Address 3114 Quiet Cove</p> <p>City State Zip Code Tega Cay SC 29708</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2011</p> <p>Transaction ID : SA11AI.8781</p> <p>Amount of Each Receipt this Period 20.76</p> <p>Payroll Deduction \$20.76 monthly</p>		
<p>Full Name (Last, First, Middle Initial) c. Mr. Christopher R Hummer</p> <p>Mailing Address 215 Hillside Avenue</p> <p>City State Zip Code Charlotte NC 28209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.40</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011</p> <p>Transaction ID : SA11AI.8710</p> <p>Amount of Each Receipt this Period 20.84</p> <p>Payroll Deduction \$20.84 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>62.44</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Mr. Christopher R Hummer</p> <p>Mailing Address 215 Hillside Avenue</p> <p>City State Zip Code Charlotte NC 28209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.24</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011 Transaction ID : SA11AI.8649 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer</p> <p>Mailing Address 215 Hillside Avenue</p> <p>City State Zip Code Charlotte NC 28209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2011 Transaction ID : SA11AI.8773 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly</p>		
<p>Full Name (Last, First, Middle Initial) c. James C Hunter</p> <p>Mailing Address 1506 Providence Drive</p> <p>City State Zip Code Charlotte NC 28211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1166.69</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2011 Transaction ID : SA11AI.8456 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>208.27</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11AI.8518

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.8579

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

c. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8703

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8642

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8766

Amount of Each Receipt this Period

166.63

Payroll Deduction \$166.63 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City State Zip Code
Rutherfordton NC 28139

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8597

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

358.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8721

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8784

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Stephen Dennis Jones

Mailing Address 125 Lake Mist Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8697

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Stephen Dennis Jones

Mailing Address 125 Lake Mist Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8636

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Stephen Dennis Jones

Mailing Address 125 Lake Mist Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathleen Ann Kaney

Mailing Address 2316 Vail Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8712

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Ann Kaney

Mailing Address 2316 Vail Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8651

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Kathleen Ann Kaney

Mailing Address 2316 Vail Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8775

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.8605

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8729

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : SA11AI.8668

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SA11AI.8792

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Mary Kuzmanovich

Mailing Address PO Box 1377

City State Zip Code
Davidson NC 28036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : SA11AI.8835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert G Larrison

Mailing Address 1008 Biggers Farm Ct

City State Zip Code
Indian Trail NC 28079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : SA11AI.8848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. F Scott Leighty

Mailing Address 721 Governor Morrison St
Apt 214

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.8837

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8476

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8538

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1166.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8599

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8723

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8662

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 50 OF 103

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8786

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8498

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8559

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 103

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.8620

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8744

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8683

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8807

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

Full Name (Last, First, Middle Initial)

B. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8487

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11AI.8549

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

249.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.8610

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2011

Transaction ID : SA11AI.8734

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 01 2011

Transaction ID : SA11AI.8673

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8797

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

Full Name (Last, First, Middle Initial)

B. Frieda M Lowder

Mailing Address PO Box 5685

City State Zip Code
 Concord NC 28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8752

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Frieda M Lowder

Mailing Address PO Box 5685

City State Zip Code
 Concord NC 28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8691

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Frieda M Lowder

Mailing Address PO Box 5685

City State Zip Code
 Concord NC 28027

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8815

Amount of Each Receipt this Period

41.63

Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial)

B. Jack Lucas MD

Mailing Address 3716 Eastover Hills Court

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2011

Transaction ID : SA11AI.8849

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8495

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

458.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Mr. James T McDeavitt</p> <p>Mailing Address 826 Berkeley Avenue</p> <p>City State Zip Code Charlotte NC 28203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1333.36</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2011</p> <p>Transaction ID : SA11AI.8556</p> <p>Amount of Each Receipt this Period 166.67</p> <p>Payroll Deduction \$166.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Mr. James T McDeavitt</p> <p>Mailing Address 826 Berkeley Avenue</p> <p>City State Zip Code Charlotte NC 28203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.03</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2011</p> <p>Transaction ID : SA11AI.8617</p> <p>Amount of Each Receipt this Period 166.67</p> <p>Payroll Deduction \$166.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. Mr. James T McDeavitt</p> <p>Mailing Address 826 Berkeley Avenue</p> <p>City State Zip Code Charlotte NC 28203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1666.70</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011</p> <p>Transaction ID : SA11AI.8741</p> <p>Amount of Each Receipt this Period 166.67</p> <p>Payroll Deduction \$166.67 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>500.01</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Mr. James T McDeavitt</p> <p>Mailing Address 826 Berkeley Avenue</p> <p>City State Zip Code Charlotte NC 28203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1833.37</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011 Transaction ID : SA11AI.8680 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Mr. James T McDeavitt</p> <p>Mailing Address 826 Berkeley Avenue</p> <p>City State Zip Code Charlotte NC 28203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2011 Transaction ID : SA11AI.8804 Amount of Each Receipt this Period 166.63 Payroll Deduction \$166.63 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. John G Moore</p> <p>Mailing Address 1116 Waynewood Dr</p> <p>City State Zip Code Waxhaw NC 28173</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 Transaction ID : SA11AI.8820 Amount of Each Receipt this Period 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>583.30</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. F Del Murphy

Mailing Address 2824 Winding Oak Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8717

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Mr. F Del Murphy

Mailing Address 2824 Winding Oak Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8656

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Mr. F Del Murphy

Mailing Address 2824 Winding Oak Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8780

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8541

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8602

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8726

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8665

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8789

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Jerry A Parrish

Mailing Address 107 Nottingham Court

City Anderson State SC Zip Code 29621

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2011

Transaction ID : SA11AI.8855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis Phillips

Mailing Address 4310 4th Street Circle NW

City Hickory State NC Zip Code 28601-9021

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2011

Transaction ID : SA11AI.8816

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City Charlotte State NC Zip Code 28207

FEC ID number of contributing federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8461

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 01 2011

Transaction ID : SA11AI.8523

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.8584

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2011

Transaction ID : SA11AI.8708

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8647

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8771

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8486

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8548

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8609

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8733

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 65 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8672

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8796

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City State Zip Code
 Lewisville NC 27023

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8448

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.8510

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

B. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.8571

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

C. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8695

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Thomas J Pulliam</p> <p>Mailing Address 1105 Fawnbrook Road</p> <p>City Lewisville State NC Zip Code 27023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CarolinasHealthCareSystem Occupation PHYS</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2200.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011</p> <p>Transaction ID : SA11AI.8634</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Payroll Deduction \$200 monthly</p>
<p>Full Name (Last, First, Middle Initial) B. Thomas J Pulliam</p> <p>Mailing Address 1105 Fawnbrook Road</p> <p>City Lewisville State NC Zip Code 27023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CarolinasHealthCareSystem Occupation PHYS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2400.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2011</p> <p>Transaction ID : SA11AI.8758</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Payroll Deduction \$200 monthly</p>
<p>Full Name (Last, First, Middle Initial) C. Mr. James A Ramsey</p> <p>Mailing Address 8028 Water View Drive</p> <p>City Belmont State NC Zip Code 28012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Carolinas HealthCare System Occupation ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.40</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011</p> <p>Transaction ID : SA11AI.8737</p> <p>Amount of Each Receipt this Period 20.84</p> <p>Payroll Deduction \$20.84 monthly</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		420.84
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James A Ramsey

Mailing Address 8028 Water View Drive

City State Zip Code
 Belmont NC 28012

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8676

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Mr. James A Ramsey

Mailing Address 8028 Water View Drive

City State Zip Code
 Belmont NC 28012

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8800

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2333.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8447

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

374.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2666.72

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8509

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.06

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8570

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8694

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3666.74

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8633

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8757

Amount of Each Receipt this Period

333.26

Payroll Deduction \$333.26 monthly

Full Name (Last, First, Middle Initial)

C. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8477

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

731.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 71 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

Full Name (Last, First, Middle Initial)

B. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.8600

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

Full Name (Last, First, Middle Initial)

C. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8724

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8663

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

Full Name (Last, First, Middle Initial)

B. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8787

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

Full Name (Last, First, Middle Initial)

C. Kathy Rhyne

Mailing Address 1001 Pier Point Drive

City State Zip Code
Belmont NC 28012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8692

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Kathy Rhyne

Mailing Address 1001 Pier Point Drive

City State Zip Code
 Belmont NC 28012

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8631

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Kathy Rhyne

Mailing Address 1001 Pier Point Drive

City State Zip Code
 Belmont NC 28012

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8755

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

C. Douglas C Roush

Mailing Address 2710 Normandy Road

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8716

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

62.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Douglas C Roush

Mailing Address 2710 Normandy Road

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8655

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Douglas C Roush

Mailing Address 2710 Normandy Road

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8779

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

C. Pamela M Rowell

Mailing Address 9702 Heritage Lane

City State Zip Code
 Indian Trail NC 28079

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8501

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

83.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Pamela M Rowell</p> <p>Mailing Address 9702 Heritage Lane</p> <p>City State Zip Code Indian Trail NC 28079</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.36</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2011</p> <p>Transaction ID : SA11AI.8562</p> <p>Amount of Each Receipt this Period 41.67</p> <p>Payroll Deduction \$41.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Pamela M Rowell</p> <p>Mailing Address 9702 Heritage Lane</p> <p>City State Zip Code Indian Trail NC 28079</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.03</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2011</p> <p>Transaction ID : SA11AI.8623</p> <p>Amount of Each Receipt this Period 41.67</p> <p>Payroll Deduction \$41.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. Pamela M Rowell</p> <p>Mailing Address 9702 Heritage Lane</p> <p>City State Zip Code Indian Trail NC 28079</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.70</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011</p> <p>Transaction ID : SA11AI.8747</p> <p>Amount of Each Receipt this Period 41.67</p> <p>Payroll Deduction \$41.67 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>125.01</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 103

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Rowell

Mailing Address 9702 Heritage Lane

City

Indian Trail

State

NC

Zip Code

28079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8686

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Pamela M Rowell

Mailing Address 9702 Heritage Lane

City

Indian Trail

State

NC

Zip Code

28079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8810

Amount of Each Receipt this Period

41.63

Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial)

C. Michael Ruhlen

Mailing Address 7216 Graybeard Court

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

VP/CMO CMC -Mercy & CMC - Pine

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2011

Transaction ID : SA11AI.8845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Virginia Ellen Sheppard

Mailing Address 5345 Hillingdon Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8840

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Kenneth A Shull

Mailing Address 82 Hyde Avenue

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8493

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Kenneth A Shull

Mailing Address 82 Hyde Avenue

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8554

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

408.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Kenneth A Shull

Mailing Address 82 Hyde Avenue

City State Zip Code
Tryon NC 28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8615

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Kenneth A Shull

Mailing Address 82 Hyde Avenue

City State Zip Code
Tryon NC 28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8739

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Kenneth A Shull

Mailing Address 82 Hyde Avenue

City State Zip Code
Tryon NC 28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8678

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Kenneth A Shull

Mailing Address 82 Hyde Avenue

City State Zip Code
 Tryon NC 28782

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 01 2011

Transaction ID : SA11AI.8802

Amount of Each Receipt this Period

41.63

Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code
 Troutman NC 28166

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 01 2011

Transaction ID : SA11AI.8503

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code
 Troutman NC 28166

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2011

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

101.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald M Smidt

Mailing Address P O Box 901

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8625

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Ronald M Smidt

Mailing Address P O Box 901

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8749

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Ronald M Smidt

Mailing Address P O Box 901

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8688

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code
 Troutman NC 28166

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2011

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

B. Keith A Smith

Mailing Address 2122 Dilworth Road West

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2011

Transaction ID : SA11AI.8821

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Barry A Sobel

Mailing Address 11104 Creek Pointe Drive

City State Zip Code
 Matthews NC 28105

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 25 2011

Transaction ID : SA11AI.8838

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1280.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. GRACE SOTOMAYOR

Mailing Address 6506 Donnegan Farm Road

City State Zip Code
 CHARLOTTE NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAROLINAS HEALTHCARE SYSTEM

Occupation
 ADMINISTRATION

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8731

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. GRACE SOTOMAYOR

Mailing Address 6506 Donnegan Farm Road

City State Zip Code
 CHARLOTTE NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAROLINAS HEALTHCARE SYSTEM

Occupation
 ADMINISTRATION

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8670

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. GRACE SOTOMAYOR

Mailing Address 6506 Donnegan Farm Road

City State Zip Code
 CHARLOTTE NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAROLINAS HEALTHCARE SYSTEM

Occupation
 ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8794

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. GRACE SOTOMAYOR

Mailing Address 6506 Donnegan Farm Road

City State Zip Code
 CHARLOTTE NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAROLINAS HEALTHCARE SYSTEM

Occupation
 ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11AI.8854

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Jody Jay Stock

Mailing Address 3466 Blue Jay Pass

City State Zip Code
 Fort Mill SC 29708

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8719

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Jody Jay Stock

Mailing Address 3466 Blue Jay Pass

City State Zip Code
 Fort Mill SC 29708

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8658

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jody Jay Stock

Mailing Address 3466 Blue Jay Pass

City State Zip Code
 Fort Mill SC 29708

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8782

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Robin E Surane

Mailing Address PO Box 43

City State Zip Code
 Cornelius NC 28031

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8750

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Robin E Surane

Mailing Address PO Box 43

City State Zip Code
 Cornelius NC 28031

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8689

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

62.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Robin E Surane

Mailing Address PO Box 43

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8813

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8454

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8516

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8577

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8701

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8640

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code
 Shelby NC 28152

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 01 2011

Transaction ID : SA11AI.8764

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 01 2011

Transaction ID : SA11AI.8455

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2011

Transaction ID : SA11AI.8517

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

933.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.8578

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8702

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8641

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1250.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SA11AI.8765

Amount of Each Receipt this Period

416.63

Payroll Deduction \$416.63 monthly

Full Name (Last, First, Middle Initial)

B. Alfred P Taylor

Mailing Address 1804 Arborway Road

City State Zip Code
Albemarle NC 28001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8707

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

C. Alfred P Taylor

Mailing Address 1804 Arborway Road

City State Zip Code
Albemarle NC 28001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : SA11AI.8646

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

458.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Alfred P Taylor

Mailing Address 1804 Arborway Road

City
Albemarle

State Zip Code
NC 28001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SA11AI.8770

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

B. Chris M Teigland MD

Mailing Address 700 Hungerford Place

City
Charlotte

State Zip Code
NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : SA11AI.8834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City
Matthews

State Zip Code
NC 28105

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.8704

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

541.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City State Zip Code
 Matthews NC 28105

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8643

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

B. Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City State Zip Code
 Matthews NC 28105

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8767

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)

C. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8464

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional).....▶

291.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2011

Transaction ID : SA11AI.8526

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.8587

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2011

Transaction ID : SA11AI.8711

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : SA11AI.8650

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SA11AI.8774

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.8622

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8746

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8685

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8809

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8483

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8545

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8606

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8730

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8669

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8793

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.8480

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11AI.8542

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

500.01

TOTAL This Period (last page this line number only)..... ►

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CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.8727

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : SA11AI.8666

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8790

Amount of Each Receipt this Period

166.63

Payroll Deduction \$166.63 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

499.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Jean Wright

Mailing Address 8636 Carly Lane

City

State

Zip Code

Mint Hill

NC

28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Carolinas Healthcare System

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.8497

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Jean Wright

Mailing Address 8636 Carly Lane

City

State

Zip Code

Mint Hill

NC

28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Carolinas Healthcare System

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2011

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Jean Wright

Mailing Address 8636 Carly Lane

City

State

Zip Code

Mint Hill

NC

28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Carolinas Healthcare System

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8619

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Jean Wright

Mailing Address 8636 Carly Lane

City State Zip Code
Mint Hill NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8743

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Jean Wright

Mailing Address 8636 Carly Lane

City State Zip Code
Mint Hill NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8682

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Jean Wright

Mailing Address 8636 Carly Lane

City State Zip Code
Mint Hill NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : SA11AI.8806

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Jean Wright

Mailing Address 8636 Carly Lane

City State Zip Code
Mint Hill NC 28227

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8858

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : SA11AI.8446

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.8508

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

416.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.8693

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 01 / 2011

Transaction ID : SA11AI.8632

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.8756

Amount of Each Receipt this Period

83.26

Payroll Deduction \$83.26 monthly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

83.26

TOTAL This Period (last page this line number only)..... ►

40743.55